# VA Medical Center, Chillicothe, OH Volunteer Application Packet

#### Instructions:

\*\* Prior to beginning this Application Packet, please download the Volunteer Handbook from: <a href="http://www.chillicothe.va.gov/giving/">http://www.chillicothe.va.gov/giving/</a>

You will need to read the handbook and review training documents prior to completing the volunteer orientation test.

- 1) Please fill in pages 1 & 2 of the volunteer application, VA FORM 10-7055: OP-714 (538). Also complete page 3 if applying to be a volunteer driver, or page 4 if you're under the age of 18 (parent or guardian signature also required here). RETURN ALL 4 PAGES OF THE APPLICATION.
- 2) Complete the volunteer orientation test (Pages 5, 6 & 7).
- 3) Print this packet (This form cannot be saved as a completed application. It must be printed or all entered information will be lost).
- 4) Sign and date the volunteer application, the completed orientation test, the Statement of Commitment and Understanding (Page 8), the Certificate of Training (Page 9), the Volunteer Safety Orientation (Page 10) and the Privacy and Information Security Knowledge Check (Pages 11, 12 & 13).
- 5) You can make an appointment to deliver this packet to Chillicothe VA's Voluntary Service by calling 740/773-1141, extension 7420. If you prefer to mail the packet, send to:

VA Medical Center ATTN: Voluntary Service (135) 17273 State Route 104 Chillicothe, OH 45601

NOTE: You MUST have an appointment to be processed.

Page 1 of 4 OMB Number 2900-0090
Estimated Average: 15min



#### APPLICATION FOR VOLUNTARY SERVICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of Veteran patients in all VA facilities.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under the authority of 38 U.S.C. 513 and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA125 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs

information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs. NAME (Last, First, Middle Initial) DATE ADDRESS (Street, City, State, Zip Code) DATE OF BIRTH TELEPHONE NUMBER SOCIAL SECURITY NUMBER COUNTY: SEX [ ] M [ ] F ASSIGNMENT PREFERENCES ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if affiliated) 3. E-MAIL ADDRESS (Optional) EXPERIENCE AND TRAINING (Special skills/Abilities) RESTRICTIONS OR LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.) AVAILABILITY (Days and time) IN CASE OF EMERGENCY PLEASE CONTACT (Name, Relationship, Phone Number) ARE YOU A VETERAN? YES NO DO YOU RECEIVE YOUR HEALTH CARE AT ANY VAMC? YES NO ARE YOU NOW OR HAVE YOU BEEN AN INPATIENT IN A VA FACILITY IN THE PAST 6 MONTHS? NO YES ARE YOU CURRENTLY RECEIVING SERVICES AT OR IN THE AREA WHERE YOU WANT TO VOLUNTEER? YES NO HAVE YOU PREVIOUSLY VOLUNTEERED AT A VA MEDICAL CENTER? YES NO WHERE/WHEN? Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (NOTE: VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above. Volunteer's Signature Date STUDENT VOLUNTEERS AND PARENTS/GUARDIANS MUST COMPLETE PAGE 4 NOTE: COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE VAVS PROGRAM. I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment-specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office. VAVS Program Manager – Appointing Official Signature Date

**VA FORM 10-7055** 

#### **Background Information**

**NOTE:** It is important that you give truthful answers to the following questions. If you answer "YES" to any of them, provide your explanations. Include convictions resulting from a plea of nolo contendere (no contest). Omit: 1) traffic fines of \$100.00 or less; 2) any violation of law committed before your 16<sup>th</sup> birthday; 3) any violation of law committed before your 18<sup>th</sup> birthday, if finally decided in juvenile court or under a Youth Offender law; 4) any conviction set aside under the Federal Youth Corrections Act or similar state law; 5) any conviction whose record was expunged under Federal or State law. We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for Federal jobs. However, **if you fail to tell the truth or fail to list all relevant** events or circumstances, this may be grounds for not accepting you as a VA volunteer, for terminating your assignment after you begin volunteering, or for criminal prosecution (18 USC 1001).

1. Have you ever been convicted of, or forfeited collateral for, any felony violation? (Generally, a felony is defined

YES

NO

as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.)					
<ol> <li>Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation?</li> <li>Are you now under charges for any violation of the law or under a restraining order of any type?</li> <li>During the last 10 years have you forfeited collateral, been convicted, been imprisoned, been on probation or been on parole? Do not include violations reported above.</li> </ol>					
5. Have you <b>ever</b> been convicted by a military	court-martial? If no milit	ary service, answer <b>"NO</b>	"		
6. List last previous address:					
Street	City	State	Zip Code	County	
7. If you answered "yes" to any question 1 th	nrough 5, please provide t	the following information	on:		
a. Month and year incident(s) occurred.					]
b. Where did incident(s) occur? (County, Cit					
c. Was/were incident(s) felony/felonies or n	nisdemeanor(s)? (Circle o	one)			
d. Was time served ?Yes	Length o	of Time Served	No		
e. Are you currently on probation?	Yes	Probation Period	No		
f. Is there any other information you wish to	o provide concerning inci	dent(s)?			
Thank you for your honesty.					
I certify that, to the best of my knowledge an	d belief, all of my statem	ents are true, correct, co	omplete, and mad	e in good faith.	
VOLUNTEER SIGNATURE:					
(Your signature also serves as consent for the '	VA to conduct a formal ha	ckground check/investig	ration )		

#### TO BE COMPLETED BY APPLICANTS TO THE DAV TRANSPORTATION PROGRAM

Note: Individuals interested in participating in the transportation program must provide proof of a valid driver's license and current automobile insurance prior to being accepted in the Transportation Program and thereafter as updated. Those individuals interested in serving as volunteer drivers must pass a physical exam prior to acceptance into the program and every four years thereafter or as warranted, and a physical fitness inquiry annually between physicals.

Driver's License Num	ber:	State:	Restrictions:		
Date Issued:	Date Expired:	Vehicle to be	Vehicle to be used (Circle all applicable):		
		*P.O.V.	*Government Van Golf	cart	
		(*Complete SF	78, Certificate of Medical Examina	tion)	
Auto Insurance Effec	tive Dates:	Have you beer	n charged with a traffic violation or	DUI in the past	
		five years?	five years?		
			YES NO		
Do you have any out	standing traffic violations?	1 '	ed "YES" to either of the previous q	uestions,	
		please explain	•		
YES 1	NO				
			2 VEC NO		
Do you consent to an	low the VA to review your Dr	iving and iviedical	History? YES NO		
VOLUNTEER SIGNATURE: DATE:					
		OFFICE USE	ONI V		
		OTTICE OSE	ONLI		
1. SUPERVISOR 2. SUPERVISOR PHONE NUMBER					
3. ORIENTATIONS 4. UNIFORM					
CC	DMMENTS	NAM	E AND TITLE OF INTERVIEWER	DATE	
				57.12	

Date \_\_\_\_\_

#### THIS SECTION TO BE COMPLETED ONLY BY STUDENTS & GUARDIANS

**NOTE TO STUDENTS AND PARENTS:** The VA Medical Center is a federal building, and, as such, must be open to the public. Our employees, patients and volunteers come from diverse backgrounds. Eligible Veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide Veterans care and to protect our employees, patients and volunteers as that care is provided.

STUDENT VOLUNTEER: If accepted, I agree to adhere to the policies and procedures of this VA healthcare facility and to respect the confidentiality of information pertaining to the patients and their treatment. If a patient, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor or a VAVS staff member.

Signature\_\_\_\_\_\_

Date \_\_\_\_\_\_

PARENT/GUARDIAN: The above named student has my consent as parent/guardian to serve as a Student Volunteer in this VA healthcare system. I have read the above agreement as signed by my student and understand their obligation to the program if they are accepted into the VAVS Student Volunteer Program. I also grant permission for my child to receive diagnoses and/or emergency medical treatment if injured while volunteering.

Signature\_\_\_\_\_

# **New Volunteer Orientation Test**

This test is to be taken after you read the Volunteer Handbook and review training documents. A score of 100% is necessary for appointment as a volunteer/WOC (without compensation employee).

1) The mission of the Chillicothe VA Medical Center is to NOT put Veterans first:	
☐ True ☐ False	
2) When talking with patients, topics of interest should include religion, politics, illne personal and organizational problems:	ess and treatment and
☐ True ☐ False	
3) The fire and police emergency telephone numbers are:	
444, 222	
4444, 2222	
4421, 2911	
4) Safety is everyone's business. Practice it daily:	
☐ True ☐ False	
5) In the event of a fire, run up and down the halls screaming "fire" to ensure everyo	one hears you.:
☐ True ☐ False	
6) You may enter a room with a sign noting "isolation" or "no contact" area without r	notifying staff:
☐ True ☐ False	
7) Volunteers are to accept the rulesdo not criticize what is not understood and of	fer suggestions or
ask questions about things you do not understand, but don't complain:	
☐ True ☐ False	
8) Volunteers should not report for assignments if they are not well or if they have be	peen exposed to a
contagious disease:	
☐ True ☐ False	

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9) Patient abuse (verbal, physical, emotional) will not be tolerated. Any incident	s of patient abuse must
be reported immediately to the Voluntary Service Program Manager:	
☐ True ☐ False	
10) Cell phones may only be used for phone calls (no photos) on a limited basis areas and in those patient care areas where they are not prohibited:	in non-patient care
☐ True ☐ False	
11) Do not give a home address or phone number to patients:	
☐ True ☐ False	
12) As a volunteer, you need to record hours worked (sign in) every single day you have a sign of the	ou volunteer:
13) Volunteers are required to uphold the ethics, mission, vision and values of the exploitation of professional and organizational relationships for personal gain participating in any activity, endorsement or publicity that demeans the credibility and enhance the dignity and image of the medical center through positive information.	n, refrain from of the medical center,
☐ True ☐ False	
14) Volunteer uniforms are not required, however, all volunteers must wear his/lon duty:	ner VA ID badge when
☐ True ☐ False	
<ul><li>15) Should you learn confidential information about a patient in our care, you are information with other individuals:</li><li>True</li><li>False</li></ul>	e allowed to share that
16) If you feel you have been the object of verbal or physical harassment, you s	hould
immediately tell as many volunteers as possible in an effort to protect them:	
☐ True ☐ False	
17) Respecting and providing for patients' privacy is everyone's responsibility:	

	True	False
PAG	SE 7	
18)	No glass, camera	s, video cameras, medications or products containing alcohol can be
take	en onto patient uni	ts:
	True	False
19)	You can shop for	patients if they give you their money:
	True	False
20)	You should knock	c on patients' doors prior to entering their rooms:
	True	False
Pri	nt Name:	
Sig	nature:	
Dat	te:	

Date



#### **Statement of Commitment and Understanding**

As an employee of the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that Veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which VA employees and applicants have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of Veterans and their families, I have completed both the annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the annual VA Cyber Security Training. I know that I should contact my local Privacy Officer, Freedom of Information Act Officer, Information Security Officer, or Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about Veterans and their families, and VA employees and applicants.

I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that VA may also impose administrative sanctions, up to and including removal, for violation of applicable confidentiality and security statutes, regulations and policies.

·	ing outlined above and am committed to safeguarding nd their families, and VA employees and applicants.
,	
[Print or type volunteer name]	Volunteer Signature

# **CERTIFICATE of TRAINING**

l,		_ (	),
	Print Name	Last 4 SSN	
certify	$\prime$ that I have completely read and fully understand the n	naterial conta	ained in
the:			
	VHA Privacy Training for FY2014		
П	VA Cubor Socurity Awaronoss Training	for EV201	1 /
ш	VA Cyber Security Awareness Training	101 F120	L4
	Signature	Date	1 1

Please complete this document, then submit it to Voluntary Service Secretary to receive credit for your training,

#### **VOLUNTEER SAFETY ORIENTATION**

I, the undersigned, hereby confirm that I have received Volunteer Safety Orientation and was provided an information packet to keep for future reference concerning the following topics:

Infection Control
Fire and Safety
Privacy Act
Sexual Harassment
Hazardous Material Management
Equipment and Utilities Management

Furthermore, I understand that intentional violation of these safety standards may result in the termination from the Voluntary Service program.

Signature			
Date			

EACH VOLUNTEER MUST SIGN AND RETURN THIS SHEET FOR INCLUSION IN YOUR TRAINING RECORDS.

Name:	Date:
Name.	Date

### **Privacy and Information Security**

### **Knowledge Check**

Instructions: Read the question then circle the correct answer:

#### 1. Which of the following actions undermines the goal of ensuring privacy?

- A. A co-worker asks you to release private information to a person waiting in the reception area, but before doing so, you make sure this was authorized.
- B. VA no longer needs some outdated files that contain personal information. The files are shredded and disposed of appropriately.
- C. You believe one of your co-workers may be sick because she has not been looking well. You consider looking at her personnel file, but decide to ask directly if anything is wrong.
- D. You believe a patient is not receiving proper care. You share this person's file with a friend who is not a VA employee to get a second opinion.

#### 2. Which of the following are rule violations that should be reported?

- A. A co-worker sends PII to an outside email address via unencrypted email.
- B. A stranger whose presence you believe to be unauthorized is sitting at a VA computer.
- C. A Veteran's personal medical information is left on a desk, copier or computer screen where unauthorized individuals can see it.
- D. All of the above.

#### 3. Which of the following is not true about VA's commitment to personal privacy?

- A. Information collected from a Veteran is used only for legitimate purposes.
- B. Only authorized personnel within VA have access to personal data.
- C. Supervisors at VA have the authority to disclose personal information at their discretion.
- D. VA communicates openly with Veterans about their personal information.

#### 4. Which of the following best answers this question?

What should you do if you find a document with PII in the trash?

- A. Review it to see what is in it.
- B. Share it with your co-workers.
- C. Shred it so no one sees the information.
- D. Give it to your privacy officer.

#### 5. Appropriate methods of disposing protected records include all of the following except:

- A. Transferring records to an approved storage facility.
- B. Placing records in the dumpster.
- C. Transferring records to the National Archives.
- D. Destroying records using approved procedures.

#### 6. Which of the following are secure password practices?

- A. Using uppercase, lowercase, numbers and special characters.
- B. Using words found in a dictionary.
- C. Using names, birthdays or locations.
- D. Using Social Security or license plate numbers.

# 7. Someone just sent me an email with a really funny video in it. My friend who works for the State Department would get a good laugh from this one. I think it would be okay to send it to her from my VA email account.

- A. It is not okay to send the video. Don't send anything which could compromise systems within the VA or elsewhere using your VA email account.
- B. It is not okay to send the video because the State Department computers might not have the correct software to open it.
- C. It is okay to send the video as long as there is no possibility of a virus being attached to it.
- D. It is okay to send the video as long as the file size is under 5MB.

#### 8. What should you do if you receive an email attachment from someone you don't know?

- A. Open the attachment if the subject line seems harmless.
- B. Reply to the email and ask for more information.
- C. Do not open the attachment.
- D. Open the attachment if your virus software doesn't tell you not to.

#### 9. Practices that contribute to secure laptop use include:

- A. Encrypting the hard drive.
- B. Ensuring that the systems administrator is keeping the laptop updated.
- C. Keeping the laptop protected while traveling.
- D. All of the above.

# 10. A person just called me and said he was a computer technician. He said that there was an issue with my account and he wanted to verify my user name and password. When I refused to give him my password, he insisted I give it to him since he was authorized to receive it. Should I have given it to him?

- A. No, it is not okay to give your password. Make sure you report the incident to your ISO.
- B. Yes, it is okay to give your password as long as you confirm the person is a VA employee.
- C. Yes, it is okay to give your password because the person on the phone said he was authorized to receive it.
- D. No, it is not okay to give your password over the phone. You can send it by email.

#### 11. Which of the following is considered inappropriate use of government resources?

- A. Running a side business.
- B. Applying for a VA job during your lunch time.
- C. Gambling.
- D. Visiting a news website during a break.
- E. Choices A and C.
- F. Choices B and D.

#### 12. Which of the following are appropriate security steps to take when working remotely?

- A. Not sharing sensitive VA data with any unauthorized individual outside of VA.
- B. Obtaining your supervisor's permission to work remotely.
- C. Not sharing your username and password.
- D. Not storing VA sensitive data on your system without appropriate approvals and encryption.
- E. All of the above.

# 13. Software specifically designed to damage, corrupt and disrupt a computer or network is known as:

- A. My favorites.
- B. Malicious software or "malware".
- C. Junk mail
- D. Spam

#### 14. If you think your computer is infected with a virus, you should tell:

- A. Your computer manufacturer.
- B. Your Information Security Officer (ISO) and your supervisor.
- C. Acme Virus Protection, Inc.
- D. Your friends.
- E. None of the above.

#### 15. Which of these are recommended practices for data backups and their importance?

- A. Store files in a single location on a mapped network drive.
- B. Your data should be backed up on a regular basis.
- C. If you are not sure that your backups are occurring regularly, contact your ISO or IT staff.
- D. All of the above.

#### 16. Which of the following is considered an information security incident?

- A. Sitting at a VA computer is a stranger whose presence you believe to be unauthorized.
- B. A Veteran's personal medical information is left unattended on a desk, a copier or a computer screen where unauthorized individuals can see it.
- C. A co-worker sends a patient's sensitive personal information (such as a combination of a full name and Social Security Number or account number) to an outside email address even if it is the patient's personal physician via unencrypted email.
- D. You discover an open box with reams of computer printouts containing sensitive personal information standing unattended by a dumpster.
- E. All of the above.

#### 17. If you think a computer security incident has occurred, you should:

- A. Ask your friend down the hall what to do.
- B. Gather all the information you can and report it to your ISO and PO.
- C. Contact the local media.
- D. All of the above.